

PATENT ATTORNEY DOCKET NO. 04163-00139

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

R. Eric Montgomery

Examiner: Donna A. Jagoe

Serial No.: 10/056,296

Art Unit: 1614

Filed:

January 24, 2002

Title: TOPICAL ORAL CARE COMPOSITIONS

RECEIVED

Commissioner for Patents

JUN 2 3 2003

P.O. Box 1450

Alexandria, VA 22313-1450

TECH) CENTER 1600/2900

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

This is in response to the Office Action dated December 18, 2002 (Paper No. 3). Kindly amend the above-identified application as follows.



06, 19, 03



ATTORNEY DOCKET NO. 04163-00139

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re	Applica	ation of:	
	R. Eı	ric Montgomery	Examiner: Donna A. Jagoe
Filed	l: J	(0/056,296) (anuary 24, 2002) (ICAL ORAL CARE COMPOSITIONS)	Art Unit: 1614
		er for Patents	RECEIVED
	3ox 145 ndria, V	/A 22313-1450	JUN 2 3 2003
		TRANSMITTAL LETTE	TECH CENTER 1600/290
Sir:			
	In reg	ard to the above identified application, we are tr	ransmitting herewith the attached:
	1.	Amendment and Response to Office Action,	
	2.	Petition for Three-Month Extension of Time,	and
	3.	Return postcard.	
	With	respect to additional fees:	
		A. No additional fee is required.	
		B. An additional fee is required and has b	een calculated as shown below:

CLAIMS AS A	MENDED			-		
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	10	Minus	20	0	X \$18	= \$0.00
Indep. Claims	1	Minus	3	0	X \$84	= \$0.00
 			Total Additiona	l Claims Fees		\$0.00
Petition/Request for Extension of Time			_3 months			\$930.00
		, , , , , , , , , , , , , , , , , , , 	Total Additiona Amendment	l Fees for this		\$930.00

* If the entry in	Column 2 is	less than the entr	y in Column 4	, write "0"	in Column 5.
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enclosed.

 C.	Attached is a check in the amount of \$
 D.	The Commissioner is hereby authorized to charge the total additional fee to our Deposit Account No. 19-0733. A duplicate copy of this sheet is

The Commissioner is hereby authorized to charge the Petition fee of E. \$930.00 to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

Date: <u>Jum 18, 7003</u>

John P. Iwanicki, Reg. No. 34,628 BANNER & WITCOFF, LTD.

28 State Street, 28th Floor Boston, MA 02109

Telephone: (617) 720-9600

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** Each multiple dependent claim should be counted as the number of claims from which it depends.